Revision:	HCFA-PM-91-4 AUGUST 1991	•			ATTACHMENT Page 6b OMB NO.:	
	State:		INDIANA		_	
Agency*	Citation(s)	·····	Grou	ps Covere	d	
	Α.	Mandato; Required	ry Coverage - i Special Grou	<u>Categoric</u> ps (Conti	ally Need	y and Other
(10	02(a) 14 0)(A) (II)	. Quali indiv	fied severely viduals under	impaired age 65, w	blind and	d disabled
and (q)	1 1905 of Act	e] 19 su Ac be	or the month p ligibility und 005(q)(2) of t upplemental pa t or under se enefits under ere eligible f	er the reche Act, reche Act, reche with the year with the year and y	quirements eceived SS er section of P.L. 9 619(a) of	s of section SI, a State 1 1616 of the 03-66 or
		be Ac	or the month o receiving SS t and were el dividuals mus	I under so igible for	ection 161	19(b) of the
		(1)	Continue to a cor have the compairment unfound to be continued.	disabling nder which	physical	or mental
		(2)	Except for ean nondisability eligibility	y-related	requireme	o meet all ents for
		(3)	Have unearned not cause the payment under	em to be :	ineligible	for a
<u>ltare Depa</u>	at determines e	ligibili he superv	ty for covera ction of the	ge. Family & :	Social Ser	vices Admin.
		al Date			ive Date _	
'N No. 8	7-4			HCFA II	D: 7983E	

*Each County

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AUGUST 1991 State:_

INDIANA

OMB NO.: 0938-

Agency* Citation(s) Groups Covered

- Mandatory Coverage Categorically Needy and Other Α. Required Special Groups (Continued)
 - (4)Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
 - Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.
*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22

Effective Date 1-1-97

Supersedes

TN No. 87-4

HCFA ID: 7983E

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Revision: HCFA- AUGUST			()	ATTACHMENT 2.2-A Page 6d OMB NO.: 0938-
Agency*	Citatio	on(s)	Gro	ups Covered
		Α.	<u>Mandatory Coverage -</u> Required Special Grou	Categorically Needy and Other 105 (Continued)
1619(b)(3) $\angle^{\overline{X}\overline{Z}}$ of the Act		<u> </u>	requirements for Mediunder 42 CFR 435.121. benefits under section individuals described requirements for SSI 1619(b)(1) of the Act restrictive requirement month they qualified met the requirements are covered. Eligibic continues as long as benefits under section	ce restrictive eligibility caid than under SSI and Individuals who qualify for on 1619(a) of the Act or above who meet the eligibility benefits under section and who met the State's more ents in the month before the for SSI under section 1619(a) or of section 1619(b)(l) of the Act. Lity for these individuals they continue to qualify for on 1619(a) of the Act or meet the er section 1619(b)(l) of the Act.

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services

TN No. 91-22 Approval Date 1-16-82 Effective Date Supersedes 87-4

HCFA ID: 7983E



Revision: HCFA-PM-91- 4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 6e OMB NO.: 0938-INDIANA State:__ Groups Covered Agency* Citation(s) Mandatory Coverage - Categorically Needy and Other A. Required Special Groups (Continued) 1634(c) of Except in States that apply more restrictive 15. the Act eligibility requirements for Medicaid than under SSI, blind or disabled individuals who -a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.

> C. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

/XX d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122

16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under \$435.230), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130

17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.
*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Supersedes TN No. 87-4

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Effective Date ____l-1-92

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Agency*	Citation(s)			Groups Cover	red	
42 CFF		Required 18. Inc Mec co: es: as: spc 19' ap: spc rec	Special Gro dividuals whicaid as an actinued, as sential to distance. The second plan buse continuity of the second plan computing of the second plan accomputing of the second plan accompanies of the second plan accom	n essential s spouse, to l the well-bein The recipient ing continues ity requireme for OAA, AB, ues to meet t for having hi the cash paym r 1973, Medic spouse was li Blin able. In Dec	er 1973 were pouse and live with a g of a received with whome to meet to the APTD, or the Decembers or her ment. Taid coverated to the cember 1973	re eligible for who have and be sipient of cash the essential the December State's AABD and the r 1973 seeds included age of the he following

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

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Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.132

19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of

title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
- b. Remain institutionalized; and
- c. Continue to need institutional care.
- 42 CFR 435.133 20. Blind and disabled individuals who-
 - a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
 - b. Were eligible for Medicaid in December 1973 as blind or disabled; and
 - c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Approval Date /-/6-92

Effective Date __1-1-91

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	State:		IN	DIANA	OMB NO.: 0938~
Agency*	Citation(s)			Groups Cove	ered
42 CFI	A. R 435.134	Required 21. In fo. 92 in	Special dividuals the inc -336 (Jul August 1	Groups (Conting who would be crease in OASDI y 1, 1972), when the control of the	SSI/SSP eligible except benefits under Pub. L. to were entitled to OASDI were receiving cash
		<i>□</i>	Includes for cash August 1	persons who wassistance bu	rould have been eligible It had not applied in Ip was included in this
			for cash medical facility	assistance in institution or	rould have been eligible a August 1972 if not in a intermediate care as included in this an).
		_7	care fac	icable with re ilities; the S is service.	spect to intermediate tate did or does not

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Approval Date 1-1-92

Supersedes

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	State:	INDIANA	
Agency*	Citation(s)	Gro	ups Covered
	A. <u>Mand</u> <u>Regu</u>	atory Coverage - Ca ired Special Groups	tegorically Needy and Other (Continued)
42 CF	R 435.135 22.	Individuals who -	-
	a		OASDI and were receiving SSI/SSP ligible for SSI/SSP after April
	Þ	cost-of-living section 215(i) last month for eligible for a	eligible for SSI or SSP if increases in OASDI paid under of the Act received after the which the individual was nd received SSI/SSP and OASDI, were deducted from income.
		receiving of does not male	ble with respect to individuals nly SSP because the State either ke such payments or does not icaid to SSP-only recipients.
		Not applical more restriction than those	ble because the State applies ctive eligibility requirements under SSI.
		eligibility SSI and the SSI/SSP ine increases a	pplies more restrictive requirements than those under amount of increase that caused ligibility and subsequent re deducted when determining the ountable income for categorically bility.

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services

TN No. 91-22 Approval Date 1-16-92 Effective Date 1-1-9

Supersedes

TN No. 87-4 HCFA ID: 7983E



Revision:	HCFA-PM-9	l- 4	(BPD)	ATTACHMENT 2.2-A Page 9 OMB NO.: 0938-
Agency*	Citation(s)	Grou	aps Covered
1634 Act	A of the	. Manda Requi	red Special Groups Disabled widows ar eligible for SSI of in their OASDI berelimination of the section 134 of Public for purposes of the cortical section in the cortical section is section in the cortical section in the cortical section is section in the cortical section in the cortical section is section in the cortical section in the cor	degorically Needy and Other (Continued) and widowers who would be or SSP except for the increase nefits as a result of the ereduction factor required by o. L. 98-21 and who are deemed, itle XIX, to be SSI beneficiaries ies for individuals who would be only, under section 1634(b) of
		_	receiving only	with respect to individuals SSP because the State either these payments or does not id to SSP-only recipients.
		Æ	standards than these individual SSI Federal bearate for indiv. SSP only, when	ies more restrictive eligibility those under SSI and considers als to have income equalling the nefit rate, or the SSP benefit iduals who would be eligible for determining countable income for orically needy eligibility.

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Approval Date 1-16-97 Effective Date 1-1-97

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	State/Terri	.tory	·	IND	IANA			
Agency*	ncy* Citation(s)			Groups Covered				
1634(d) Act	of the	Α.		Disable unmarr to the least effect are re of the eligib in the	overage - Categorically Needy and Other ecial Groups (Continued) ed widows, disabled widowers, and disabled ied divorced spouses who had been married insured individual for a period of at ten years before the divorce became ive, who have attained the age of 50, who ceiving title II payments, and who because receipt of title II income lost ility for SSI or SSP which they received month prior to the month in which they			
				eligib title	to receive title II payments, who would be le for SSI or SSP if the amount of the II benefit were not counted as income, and e not entitled to Medicare Part A. The State applies more restrictive			
					eligibility requirements for its blind or disabled than those of the SSI program. In determining eligibility as categorically needy, the State disregards			
					the amount of the title II benefits identified in \$ 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.			
					In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in \$1634(d)(1)(A) in determining the income of the individual which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.			
				<u>X</u>	In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual			

*Agency that determines eligibility for coverage.

TN No. 92-03 Supersedes TN No. 91-22